GIBSON DIAGNOSTIC LABS

Client ID

INTERNAL USE ONLY

NEW ACCOUNT APPLICATION

Please submit the completed NEW ACCOUNT APPLICATION to 800.435.4057 or hello@gibsondx.com

Practice name

Sales rep / Group name

Address

Hours of operation

1. 2.

City State ZIP

Preferred on-boarding dates (2 options - must be at least 5 days from date of signing)

Phone Fax

Contact person Title

Test results e-mail (if applicable)

Contact e-mail

PROVIDER NAME	PROVIDER SIGNATURE	PROVIDER NPI / ACCREDITATION
		NPI #: ☐ MD ☐ DO ☐ PA ☐ ARNP ☐ Other:
		NPI #: ☐ MD ☐ DO ☐ PA ☐ ARNP ☐ Other:
		NPI #: ☐ MD ☐ DO ☐ PA ☐ ARNP ☐ Other:
		NPI #: ☐ MD ☐ DO ☐ PA ☐ ARNP ☐ Other:
		NPI #: ☐ MD ☐ DO ☐ PA ☐ ARNP ☐ Other:
		NPI #: ☐ MD ☐ DO ☐ PA ☐ ARNP ☐ Other:

SPECIFICATIONS

Pediatric testing? ☐ Yes ☐ No

Practice Specialty _____

Will Practice bill for POC cups? ☐ Yes ☐ No

Payer Mix

Medicare % Medicaid % Commercial % Self-pay %

Preferred shipping pick up time (for DFW clients ONLY)

☐ Monday to Friday from _____ to _____

☐ Monday from _____ to _____

☐ Tuesday from _____ to _____

☐ Wednesday from _____ to _____

☐ Thursday from _____ to _____

☐ Friday from _____ to _____

ANTICIPATED VOLUME

CGx _____ ☐ Daily ☐ Monthly

GPP _____ ☐ Daily ☐ Monthly

PGx _____ ☐ Daily ☐ Monthly

RPP _____ ☐ Daily ☐ Monthly

Tox - Oral Fluid _____ ☐ Daily ☐ Monthly

Tox - Urine _____ ☐ Daily ☐ Monthly

UTI/STD _____ ☐ Daily ☐ Monthly

REPORTING / ONLINE ORDERING

Reporting preference: ☐ Web portal ☐ Email ☐ Fax

Online ordering: ☐ Yes ☐ No

NAA-191017

GIBSON
DIAGNOSTIC LABS

Date

PROVIDER AUTHORIZATION FOR ELECTRONIC ORDERS

Practice name

Phone

Address

AUTHORIZED PROVIDERS

Please include all providers ordering tests. The individuals listed below are authorized to sign test requisitions (limited to MD, DO, PA and ARNP only).

I hereby authorize the individuals listed below to electronically access the provider order entry portal and order tests at my direction.

Name — Title

Name — Title

Name — Title

Name — Title

Name — Title

Name — Title

PROVIDER NAME	PROVIDER SIGNATURE	PROVIDER NPI #

I understand and hereby acknowledge that I will only order tests that I believe to be medically necessary to ensure patient compliance with therapy that I have prescribed. The Office of Inspector General (OIG) takes the position that a physician who orders medically unnecessary tests for which Medicare reimbursement is claimed, may be subject to civil penalties.

AEO-191017